

USER FORM: Facility Access Request

Complete and return this form to the appropriate ADL staff AFTER completing all prerequisite training for the ADL-managed facilities you wish to access.

SECTION I: USER INFORMATION

Name	
Email	
Dept. / Org.	

SECTION II: PREREQUISITE TRAINING

I have completed the following training:

- ☐ RCF Orientation
- ☐ BU Lab Safety
- ☐ Bloodborne Pathogens (BBP)*

SECTION III: FACILITY ACCESS

I request card access to:

- ☐ Analytical & Diagnostics Laboratory (ADL)
- ☐ Health Sciences Core Facility (HSCF)*
- ☐ Surface Science Core Facility (SSCF)
- ☐ Nanofabrication Laboratory (NLAB)

User Signature: _____ **Date:** _____

*HSCF access requires Bloodborne Pathogen (BBP) Safety Training due to BBP exposure risks.

Updated — July 20, 2023